

ISSUE SLIP STAPLE AREA (for valuation, cross reference)

POSITION	INITIALS	ID NO.	DATE																
FEE DETERMINATION																			
O.I.P.E. CLASSIFIER																			
FORMALITY REVIEW																			
RESPONSE FORMALITY REVIEW																			
<b>INDEX OF CLAIMS</b>																			
<table border="0"> <tr> <td><input checked="" type="checkbox"/> Rejected</td> <td>N</td> <td>Non-rejected</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Allowed</td> <td>I</td> <td>Interrogated</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Canceled</td> <td>A</td> <td>Approved</td> <td></td> </tr> <tr> <td><input type="checkbox"/> Restricted</td> <td>O</td> <td>Objected</td> <td></td> </tr> </table>				<input checked="" type="checkbox"/> Rejected	N	Non-rejected		<input type="checkbox"/> Allowed	I	Interrogated		<input type="checkbox"/> Canceled	A	Approved		<input type="checkbox"/> Restricted	O	Objected	
<input checked="" type="checkbox"/> Rejected	N	Non-rejected																	
<input type="checkbox"/> Allowed	I	Interrogated																	
<input type="checkbox"/> Canceled	A	Approved																	
<input type="checkbox"/> Restricted	O	Objected																	
Claim	Date	Claim	Date																
Final Original		Final Original																	
1	3/11/85	51	101																
Final Original	3/10/85	52	102																
1	✓	53	103																
2	✓	54	104																
3	✓	55	105																
4	✓	56	106																
5	✓	57	107																
6	✓	58	108																
7	✓	59	109																
8	✓	60	110																
9	✓	61	111																
10	✓	62	112																
11	✓	63	113																
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45		97	147																
46		98	148																
47		99	149																
48		100	150																
49																			
50																			

If more than 150 claims or 10 actions  
staple additional sheet here

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